



Testing Laboratories, Inc.

940 South Harney St., Seattle, WA 98108 (206) 767-5060 FAX (206) 767-5063

Chemistry, Microbiology, and Technical Services

CLIENT: Norwegian Cruise Line
Environmental Mngt Systems
7665 Corporate Center Drive
Miami, FL 33126

ATTN : Eric Wolff

Certificate of Analysis

Work Order# : 04-07-225

DATE RECEIVED : 07/17/04

DATE OF REPORT: 08/02/04

Work ID : Monthly-Star
Taken By : Raul
Transported by: Raul
Type : Water

SAMPLE IDENTIFICATION:

	<u>Sample Description</u>	<u>Collection Date</u>
01	Treated	07/18/04 09:50

NOTE:

The field pH which is considered to be an estimate was measured at 7.

FLAGGING:

The flag "U" indicates the analyte of interest was not detected, to the limit of detection indicated.





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Unless otherwise instructed all samples will be discarded on 09/30/04
with the exception of samples which are consumed during the
analysis, such as microbiological samples.

Respectfully submitted,
Laucks Testing Laboratories, Inc.

J. M. Owens





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TESTS PERFORMED AND RESULTS:

Analyte	Units	<u>01</u>
Biochemical Oxygen Demand	mg/L	15.
Chlorine, Total Residual	mg/L	0.1 U
Coliforms, fecal	MPN/100 ml	30
Total Suspended Solids	mg/L	20.
pH	gl elec @25C	6.4



COMPANY: Norwegian Cruise Line

38836

PAGE OF

Lauck's
Testing Laboratories, Inc.

ADDRESS: 7665 Corporate Center
Miami, FL 33126

WORK ORDER ID# 2407225

SUBMITTED AT:

☐ 940 South Harbor St., Seattle, WA 98108 (206) 767-5060 FAX 767-226
☐ 1106 Ledwith Ave., Yakima, WA 98902 (509) 248-4695 FAX 452-126

ATTENTION:

Eric Wolff

TESTS TO PERFORM

PROJECT NAME:

STAR-monthly

PROJECT CONTACT:

Eric Wolff

TELEPHONE:

305-436-4256

FAX:

JOB/P.O. NO.:

LABS#

SAMPLE ID / LOCATION

DATE TIME

MATRIX: WATER, SOIL OR SPECIFY
NO. OF CONTAINERS

PH
BOD
TSS
RCI
Feed-Labform

OBSERVATIONS,
COMMENTS, SPECIAL
INSTRUCTIONS

Treated

7/18 9:50

W 3

X
X
X
X
X

TSS: 9 mg

191: 4.306/m

1

3

Field Tests

RCI = 0.0 ppm

PH = 7.0

A. A standard turnaround time is assumed unless otherwise marked.

B. The laboratory may not be responsible for missed holding time for samples received with less than 50% of the analytical hold time remaining. Please contact the laboratory for further information.

INSTRUCTIONS

BILLING INFORMATION, IF DIFFERENT THAN ABOVE

1. USE ONE LINE PER SAMPLE.
2. BE SPECIFIC IN TEST REQUESTS.
3. CHECK OFF TESTS TO BE PERFORMED FOR EACH SAMPLE.

NAME

ATTN

CITY, STATE, ZIP

RELINQUISHED BY (SIGN AND PRINT)

DATE

TIME

RECEIVED BY (SIGN AND PRINT)

DATE

TIME

* RUSH TURNAROUND IS
SUBJECT TO PRIOR
LABORATORY APPROVAL

TOTAL NO. OF CONTAINERS

TURNAROUND REQUEST

☐ STD. 10-14 WORKING DAYS

☐ 24-48 HRS. (100% SUR)

☐ 72 HRS. (75% SUR)

☐ 5 DAYS (50% SUR)

☐ OTHER

☐ TEMP

CUSTODY SEAL: ☐ Y ☐ N ☐ N/A

Chana Hylleberg MULLERUS, LABS

7/18-09
10:15

Paul J. Niles

7/18/09
10:10